

PROBLEM/GAP WORKSHEET
TASK FORCE ON EDUCATION AND PROFESSIONAL DEVELOPMENT
DECEMBER 13, 2006

This task force is charged with identifying the major problems and gaps related to the education and treatment of children and youth with autism spectrum disorders (ASD) where the state has a clear responsibility to address the issue. Focus is on children and youth between the ages of three and twenty two for whom local education agencies in California, primarily school districts, are responsible for providing educational interventions and related services needed for a free and appropriate public education

THE MATRIX INCLUDES THE PROBLEMS/GAPS IDENTIFIED AT THE TASK FORCE'S FIRST MEETING ON NOVEMBER 21ST, AS WELL AS THOSE FROM THE MEETING ON DECEMBER 13TH. TASK FORCE MEMBERS' COMMENTS AND PUBLIC COMMENTS ARE BLENDED IN THROUGH OUT THE LIST.

<i>PROBLEM</i>	<i>GAP</i>
1.. Staff Preparedness	<ul style="list-style-type: none"> a. Training needed for: teachers (spec ed and general ed); service providers; support staff for both credential/license and ongoing professional development. It is a challenge re: how to address the individual needs of each student in special education within the context of a classroom of many other students with diverse needs. Often training is fragmented. b. Need for credential work and training w/ community colleges, CSU, and UC teacher, support staff (speech, OT etc.), contract provider programs, and doctoral programs regarding autism specialist training. c. School pyscs not trained to assess and ID autism d. Inadequate funding for continuing staff development/training and for monitoring, supervision and reinforcement of training; materials are not getting down to local systems. e. A class on ASD should be required for ALL credentials and certificates. f. Staff needs to be educated re: how to involve and communicate with parents and team building. g. Often, untrained aides are relied upon as a cheaper alternative; aides need training also. h. Need for bi-lingual, culturally sensitive staff training so child is not short changed on services and gets correct diagnosis. i. Lack of funding for proper training, in-service classes. j. All school related staff needs training; for example, safety is an all campus issue. k. Need for additional support from specialized, credentialed ASD specialists who can also oversee development and implementation of ASD students' programs/ IEP's.. l. Need for trained inclusion specialists to provide support for both gen ed teachers and higher functioning students who are mainstreamed.
2 Best Practices	<ul style="list-style-type: none"> a. No state established tool box of research based programs/services. b. Best practices/effective interventions for assessment, teaching and treatment: work with other groups i.e., DDS Best Practices group and make sure information is disseminated and mandated (look into model programs).

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	<ul style="list-style-type: none"> c. Districts and Teachers need knowledge of what “best practices” really mean. d. Program needs to be planned on each individual child’s needs; teachers need a shopping basket of effective interventions; one size does not fit all. e. Lack of consensus re: what are evidence based practices; schools are required to provide only these and often there are requests for alternative therapies.
3 Uniform Criteria	<ul style="list-style-type: none"> a. Services, training, diagnosis, treatment is not uniform b. Service agencies reluctant to accept proven interventions for child recommended by outside entities. c. .Lack of uniform criteria for programs (range of individual service needs across spectrum regarding curriculum etc.) e. DDS and CDE should collaborate on developing universal training and criteria and base funding on specifics. f. No statewide consistency/quality control; some providers work outside of scope of practice f. Definition around “educational necessity is a problem; varies district to district (such as the need for pragmatics, sensory integration therapy). g. Level and quality of services depend on location, ability to speak English: small districts w/o resources send students with ASD to county schools when a closer school in another district may provide adequate services; schools should be able to combine and share resources. h. Having only one option available is not fair to students or families. i. Regional Centers have maximized definition of services; schools have lesser definitions (legally acceptable due to Rowley decision). j. Uniform standards should be raised; don’t focus on Rowley. k. Need for development of effective data collection systems to measure accountability and outcomes for staff, students, districts, school boards, service providers, etc. l. Inclusion should be default placement for students with ASD, not special day class.
4 Transition	<ul style="list-style-type: none"> a. Assessment and eligibility criteria between Lanterman and IDEA: should be seamless transition/collaboration between Regional Centers and schools. b. Roles and responsibilities for transition are different depending on where one is located; when child/family changes location everything starts all over again. c. Communication between agencies, especially Regional Centers and LEA’s and NPA’s is lacking. d. Self-determination is goal for independent living-how early should this start? (CDE has a model for child led IEP-focus is on child.); get more bang for the buck if focus is on children on the cusp of transition.- don’t cut off funding automatically at elementary school or eighth grade. e. Regional Centers should retain responsibilities for all on spectrum through school years also; automatic transition at age 3 leads to litigation; often child has just received diagnosis and there is no time to start treatment or progress is halted because schools offer minimal, one size fits all services. f. Key interventions are at age 3 and below; costs go down when correct treatment is available and delivered. g. ISFT is the IEP until new one is in place; this is the law; clarification is important..

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<p>5 Availability of Service Resources</p> <p>5 Availability of Service Resources (continued)</p>	<ul style="list-style-type: none"> a. Funding gaps: ADA-based SELPA funding formula; excess cost pool b. Excess cost pool NPS based c. No funding for pre-school services for ASD costs d. Recruiting and retention of qualified providers; attrition rate for staff is very high There are not enough people in the pipeline to replace staff that will be leaving the system in the coming years. e. Inconsistency across geographical locations; underserved populations; ethnicities, etc. resulting in sub-par services. f. No state leadership (training assistance, standards, best practices) g. Lack of state and federal funds at adequate level for children with disabilities h. Judicially imposed mediocrity of spec ed and early intervention services – <i>Rowley</i>: FAPE interpreted as “sufficient to confer some educational benefit upon the ...child” rather than reaching maximum potential. i. Regional Centers’ funding is limited. j. Too little blending of resources/financial collaboration. There is a need to consider inter-SELPA placements or use SELPA umbrella as a mechanism to divide up areas of expertise and thereby offer a wider variety of services; programs should span both school districts and SELPA’s.. k. CDE’s Diagnostic Centers provide free services, but they can’t handle all of the requests. l. Family Services Agencies need more financial support; provide more support/ information for parents than schools. m.. Many special education programs do not have to fully designed/developed/defined specialized programs for serving students with ASD. o. There is a disincentive for districts to develop good ASD programs because a good reputation draws families from elsewhere and drives up costs. p. Funding gaps for services can lead to combative relationships between parents and schools. q. There is a need for specific services and programs at the middle and high school grade levels. r. Parents who have resources often obtain better education for their children.
<p>6 Outcomes/Accountability</p>	<ul style="list-style-type: none"> a. Include school boards in autism ed accountability b. Need for on-going evaluation of teacher, staff practices, including monitoring of student performance- how do we measure successful interventions and education? (Professionals need support from administrative level to achieve goals.) c. Hold professionals/providers accountable on outcomes; there is a need for more monitoring and demonstrated competence. Put pressure on licensing agencies for increased requirements and accountability. d. Require that someone take responsibility for overseeing the provision of needed services. e. Often there is minimal and/or lack of collaboration/coordination among professionals obtained privately by the family and the school teaching team. f. Class room observation time is overly restrictive and prevents the ability to verify IEP is being implemented

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	as agreed; prevents parents from being able to advocate for their child.
7 Parent Access to Information/parent Empowerment	<ul style="list-style-type: none"> a. Include parents in formulation, and compliance monitoring in IEP, including behavior plans. b. Family focus-information provided regarding ALL available services; outreach by schools done before age 3 c. Professionalize services and supports d. Perceptions among some service agencies that interventions are more an effort than children are entitled to; don't want to spend more money on ASD than on children with other disabilities. e. Embed parent input into whatever "recommendations" this Task Force develops to the Commission. f. All involved agencies need to work as a team across lifetime activities. g. Parents need training also re: involvement, support, resources, IEP process, including behavior plans. h. Schools need to inform parents re: available resources and not allow administrators to block service providers from providing services. Information parent receives varies widely. . i. Need for open communication; informal conversations with staff to avoid "chilling of communication." j. Need for parent to parent support mechanisms; those who are new to the system can't find out how to get help, knowledge, information. k. Need for collaborative training for teachers, staff and parents so everyone gets the same information at the same time; parents can also provide training for staff. l. Autism task force in district really helps; don't let district appoint members m. Challenges for non-English speakers and low income families include limits on communications with staff, training, access to services. Everything should be translated at IEP meetings, not just summarized. m. Schools need an ombudsman. n. Parents should be able to bring in a provider who can offer suggestions and training to school staff. o. Schools should be required to offer IEP documentation in advance of the meeting, resulting in parents' inability to consult with others before the meeting and giving too much control to the school staff.
8 Tolerance and Community Education	<ul style="list-style-type: none"> a. Sharing information with other agencies and other professionals working with children with ASD (school personnel, school board members, doctors, general society) b. Law enforcement education; CPS education <p><i>Note: The Task Force on Transitional Services and Supports has discussed this in great detail.</i></p> <ul style="list-style-type: none"> c. There is a lack of knowledge about ASD; communities, families and educators do not share the same level and type of knowledge and how the diagnosis affects behavior, learning, and outcomes.
9 Health Insurance	<ul style="list-style-type: none"> a. Many services not covered (assessment, treatment) <p><i>Note: The Task Force on Early Identification and Intervention has indicated that this is high priority.</i></p>
10. Office of Administrative	<ul style="list-style-type: none"> a. Decisions are not serving the educational needs of children with ASD; too many appeals denied b. Decisions are based on what is politically necessary to maintain contract. c. Not knowledgeable about IDEA and FAPE, particularly regarding full inclusion requirements. d. Decisions should be made independently of parents and SELPA.

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11. Separation of Children in Spec Ed Programs Based on Eligibility Criteria:	a. All children should be educated in regular education classes, with relevant support systems in place. b. Apply cooperative ed process
12. Training Physicians	<i>The Task Force on Early Identification and Intervention is engaged in a deep discussion of this issue and this topic may best left to their deliberations and recommendations.</i>
13. Transition for Diploma-bound Students and Life Long Care	<i>The Task Force on Transitional Services and Supports is charged with discussing these issues. They will take issues related to secondary education into consideration, as well as those applicable to individuals age 22 and up.</i>

The Task Force members identified the following as the top five priority/gap areas:

1. Lack of best practice guidelines and related training for service providers on effective educational and other interventions.
2. Inadequate funding and too little collaboration across service systems.
3. Disruption in services when children transition at age three from regional centers to LEAs and at transitions across preschool, elementary school, middle school and high school.
4. Inadequate information for parents about effective services and tools to help children achieve their goals at school and home.
5. Inadequate monitoring of school district and regional center compliance with legal requirements and of children's outcomes.

The last task force meeting will target the identification of solutions, strategies, opportunities to close the gaps and to adopt specific recommendations to present to the commission. The task force has completed the problem/gap identity portion of its work.

January 16, 2007